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JUN 20 2007

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HENRY T. BRENDZEL**Date:** June 20, 2007

<b>To:</b>	Examiner: Khanh C. Tran	<b>From:</b>	Henry T. Brendzel, Esq
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<b>Phone:</b>	571-272-3007	<b>Phone:</b>	(973) 467-2025
<b>Re:</b>	Serial No: 10/789,794	<b>Pages:</b>	Cover + (0)

JUN 20 2007

Henry Brendzel

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Complete if Known	
Application Number	10/789,794
Filing Date	2/28/2004
First Named Inventor	William Turin
Examiner Name	Khanh C. Tran
Group/Art Unit	2611
Attorney Docket ID	Turin 1999-0078con

Total number of pages in this Submission: this page, plus

81

If Fee Form is not included, but a fee is due, the Commissioner is Authorized to charge Deposit Account of Henry T. Brendzel No 500732 of, and consider that appropriate requests that give rise to the fees (such as for an extension of time) have been made.

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Form ( <input type="checkbox"/> Check included)	<input type="checkbox"/> Declaration (no Missing Parts Notice)	<input type="checkbox"/> Postcard(s)
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Request for a Refund
<input type="checkbox"/> Affidavit(s)/Declaration(s)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to group
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Certified Copy of Priority document(s)	<input type="checkbox"/> Power of Attorney, Revocation or Change of Correspondence Address	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Express Abandonment	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.2 or 1.53	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Statutory Disclaimer Change of Address form
	<input type="checkbox"/> To Convert to Statutory Invention Registration	

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name

Henry T. Brendzel

Signature

Date

6/20/07

## CERTIFICATE OF MAILING/FACSIMILE TRANSMISSION

1<sup>st</sup> class mail: I hereby certify that this correspondence is being deposited with the United States Postal Service, First Class Mail service, in an envelop addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA22313-1450 on the date shown herein.

Fax: I hereby certify that this correspondence is being electronically transmitted by facsimile to the United States Patent Office on the date shown herein.

Henry Brendzel

Name of Person Signing

6/20/07

Date

JUN 20 2007

PTO/SB/17 Modified 1/05 - Henry Brendzel

<b>FEE TRANSMITTAL</b>		Complete if Known	
		Application Number	10/789,794
		Filing Date	2/28/2004
		First Named Inventor	William Turin
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Group/Art Unit	2611		
<b>TOTAL AMOUNT OF PAYMENT</b>	<b>(\$)</b> 130	<b>Attorney Docket ID</b>	<b>Turin 1999-0078con</b>

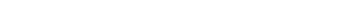
<b>METHOD OF PAYMENT:</b>		Payment enclosed:	Check	<input checked="" type="checkbox"/> Deposit Account	Other:
The Commissioner is hereby authorized to charge indicated fees and other underpayments, and credit overpayments to:					
Deposit Account Number	500732		Deposit Account Name	Henry T. Brendzel	
<b>ENTITY STATUS:</b>		<input type="checkbox"/> Small Entity Status is hereby requested			

## **FEES CALCULATION**

FEE CALCULATION		Fee Paid				
1. FILING FEE	Fee Description					
2. CLAIMS	Claims remaining	Highest Paid	Extra	Rate	Amount	Fee Paid
Total No. of Claims	0	20	0	50		
Independent Claims	0	3	0	200		
Multiply Dependent Claims						
		SUBTOTAL (2) (\$)				0

#### **FEE CALCULATION (cont.)**

Fee Description	Fee Paid
Statutory (terminal) disclaimer	130
	</td

SUBMITTED BY		Complete (if applicable)	
Type or Printed Name	Henry T. Brendzel	Reg. Number	26,844
Signature		Date	6/20/07
		Deposit Account User ID	